The Military Electronic Health Record (EHR)

AHLTA Update for the

TRICARE Data Quality Training Course

September 2006

The Military Electronic Health Record (EHR)

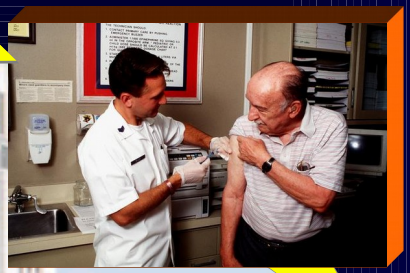
Objectives

- Provide a Brief Overview of AHLTA
- Describe Records Review
- Demonstrate the Evaluation and Management Calculator
- Discuss Known Issues

Military Health System IM/IT Program
Patient Encounter Process

Vitals

Screening/Wellness



- ✓ Pre-/Post-Deployment
- ✓ Immunizations
- ✓ Screening Tests
- ✓ Pre-Deployment Preparation

Patient Check-In

Patient Check-Out

- ✓Subjective
- ✓Objective
- ✓Assessme nt
- ✓Plan

Physician/Patient Encounter

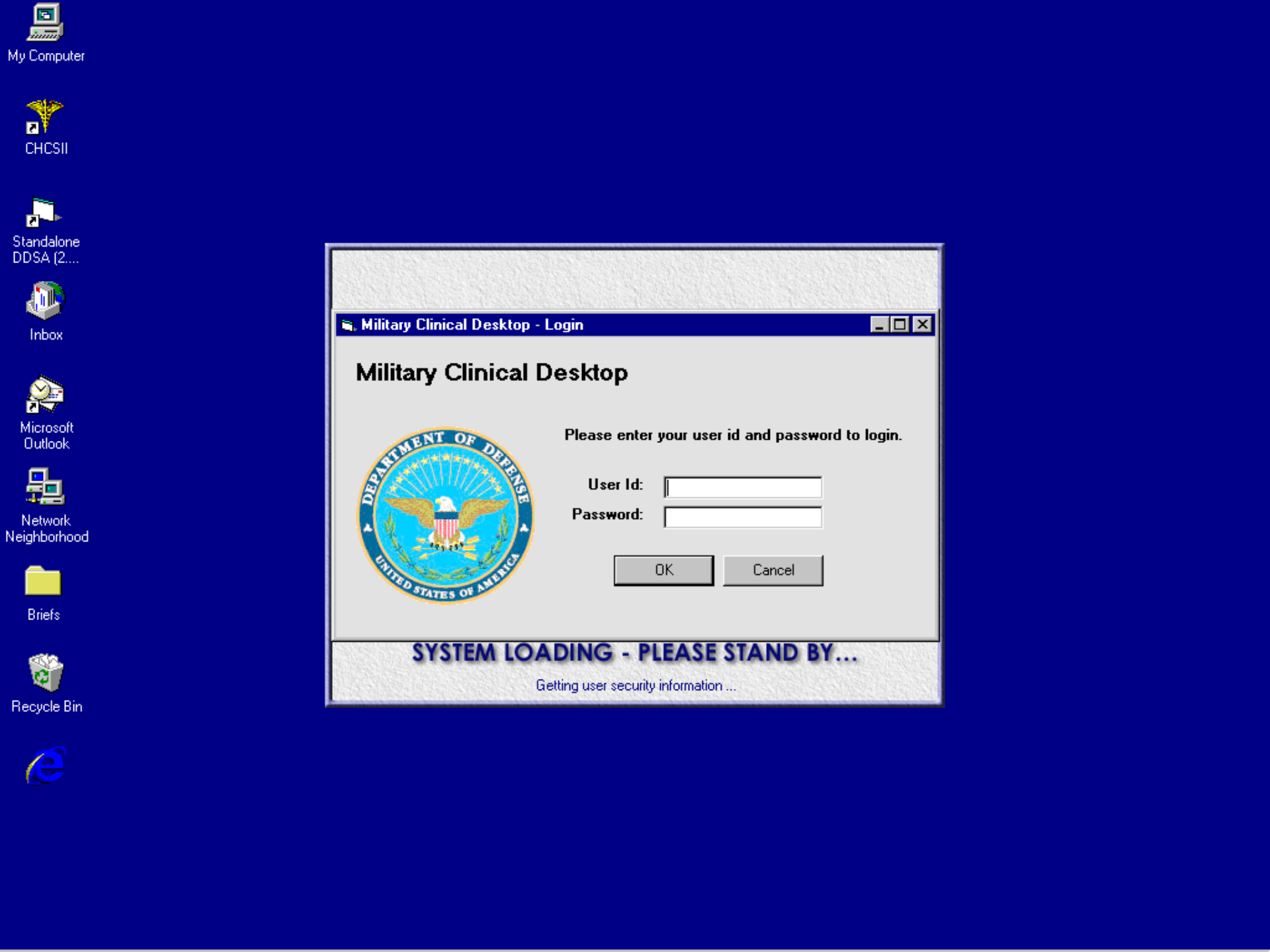
Patient Education

DRAFT

AHLTA Record Audit…

- Patient Search
- Patient Select
- Previous Encounter
- Record Selection
- Compare to ADM

DRAFT


My Computer
CHCSII
Standalone DDSA (2....
Inbox
Microsoft Outlook
Network Neighborhood
Briefs
Recycle Bin
Military Clinical Desktop - Login
Military Clinical Desktop
Please enter your user id and password to login.
User Id:
Password:
OK
Cancel
SYSTEM LOADING - PLEASE STAND BY...
Getting user security information ...

Training Use Only

USER, TEST: Military Clinical Desktop (Privacy Act of 1974/FOUO) - Training System

Edit View Go Tools Actions Help

o Patient Selected>

Options

er List

- Desktop
  - Alert Review
  - Appointments
  - Telephone Consults
  - Search
  - Patient List
  - Consult Log
  - Co-signs
  - New Results
  - Reports
  - Tools
  - Sign Orders
  - CHCS-I
  - Immunizations Admin

inders

Patient Search

Quick Search: | SSN: | Find

Last Name: | FMP: | New Search

First Name: | Sponsor SSN: | All Patients

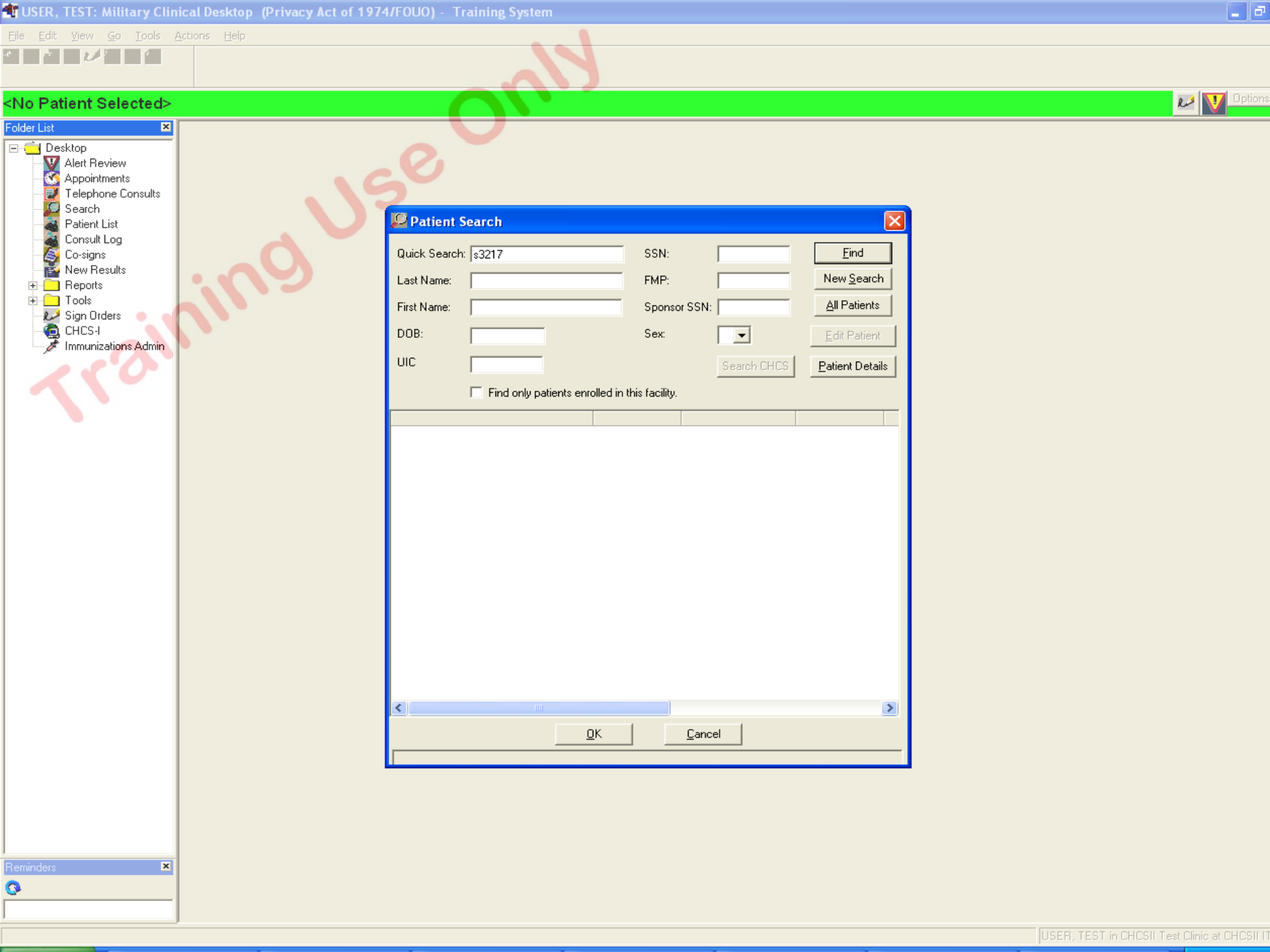
DOB: | Sex: | Edit Patient

UIC | Search CHCS | Patient Details

Find only patients enrolled in this facility.

OK Cancel

USER, TEST in CHCSII Test Clinic at CHCSII IT


USER, TEST: Military Clinical Desktop (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
<No Patient Selected>
Options
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Patient List
Consult Log
Co-signs
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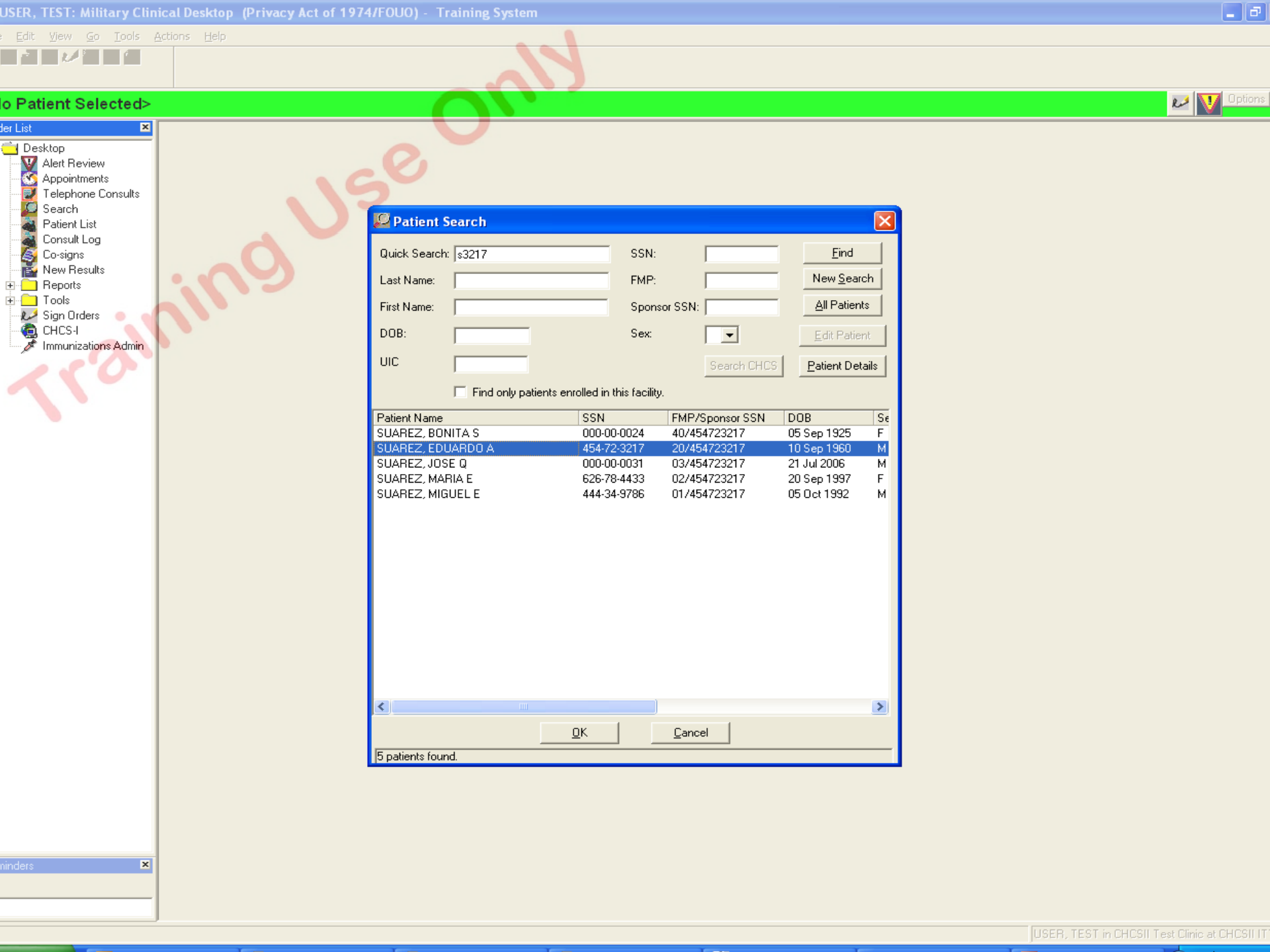
Reports
Tools
Sign Orders
CHCS-I
Immunizations Admin
Reminders
Training Use Only
Patient Search
Quick Search: s3217
SSN:
Find
Last Name:
FMP:
New Search
First Name:
Sponsor SSN:
All Patients
DOB:
Sex:
Edit Patient
UIC
Search CHCS
Patient Details
Find only patients enrolled in this facility.
OK
Cancel
USER, TEST in CHCSII Test Clinic at CHCSII IT


USER, TEST: Military Clinical Desktop (Privacy Act of 1974/FOUO) - Training System
Edit View Go Tools Actions Help
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Options
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Telephone Consults
Search
Patient List
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Co-signs
New Results
Reports
Tools
Sign Orders
CHCS-I
Immunizations Admin
minders
Training Use Only
Patient Search
Quick Search: s3217
Last Name:
First Name:
DOB:
UIC
SSN:
FMP:
Sponsor SSN:
Sex:
Find
New Search
All Patients
Edit Patient
Search CHCS
Patient Details
Find only patients enrolled in this facility.
Patient Name | SSN | FMP/Sponsor SSN | DOB | Se
SUAREZ, BONITA S | 000-00-0024 | 40/454723217 | 05 Sep 1925 | F
SUAREZ, EDUARDO A | 454-72-3217 | 20/454723217 | 10 Sep 1960 | M
SUAREZ, JOSE Q | 000-00-0031 | 03/454723217 | 21 Jul 2006 | M
SUAREZ, MARIA E | 626-78-4433 | 02/454723217 | 20 Sep 1997 | F
SUAREZ, MIGUEL E | 444-34-9786 | 01/454723217 | 05 Oct 1992 | M
OK
Cancel
5 patients found.
USER, TEST in CHCSII Test Clinic at CHCSII IT

USER, TEST: Military Clinical Desktop (Privacy Act of 1974/FOUO) - Training System

Edit View Go Tools Actions Help

UARAEZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

Options

der List

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  - CHCS-I
  - Immunizations Admin
- SUAREZ, EDUARDO A
  - Demographics
  - Health History
    - Problems
    - Meds
    - Allergy
    - Wellness
    - Immunizations
    - Vital Signs Review
    - PKC Couplers
    - Readiness
    - Patient Questionna
  - Lab
  - Radiology
  - Clinical Notes
  - Previous Encounters
  - Flowsheets
  - Current Encounter
    - Screening
    - Vital Signs Entry
    - S/O
    - A/P
    - Disposition

minders

equate Calcium Counseling

Training Use Only

USER, TEST in CHCSII Test Clinic at CHCSII IT

Training Use Only

USER, TEST: Military Clinical Desktop - Previous Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Append Narrative | Amend Encounter | Sign Encounter | Copy Forward | NewTemplate | Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

Folder List

- Desktop
  - Alert Review
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Reminders

Adequate Calcium Counseling

Previous Encounters (•) View last four ( ) View All

Date	Status	Primary Diagnosis	Clinic
03 Aug 2006 1740	Needs Co-Signature	HYPERLIPIDEMIA	CHCSII ITT Clinic
17 Jul 2006 1212	Complete	visit for: screening exam lipoid disorders	CHCSII ITT Clinic
17 Jul 2006 1212	Complete	DIABETES MELLITUS TYPE II - UNCOMPLICATED, UNCONTROLLED	CHCSII ITT Clinic
29 Jan 2006 2120	Complete	DIABETES MELLITUS TYPE II	CHCSII ITT Clinic

Signed Encounter Documents: 17 Jul 2006 1212 signed by USER, TEST (1 documents found)

Patient: **SUAREZ, EDUARDO**	Date: **17 Jul 2006**	Appt Type: **WI**
Facility: **CHCSII T Facility**	Clinic: **CHCSII ITT Clinic**	Provider: **USER, TEST**

AutoCites Refreshed by USER, TEST @ 17 Jul 2006 12:24
Problems
HYPERLIPIDEMIA
DIABETES MELLITUS TYPE II
ESSENTIAL HYPERTENSION

Allergies
Iodine Containing Agents

Screening Written by USER, TEST @ 17 Jul 2006 12:24

Appointment Reason For Visit: Med Refill

Allergen information verified by USER, TEST @ 17 Jul 2006 12:24

Selected Reason(s) For Visit:
reason for visit: screening exam lipoid disorders (New) Comments:

Vitals
Vitals Written by USER, TEST @ 17 Jul 2006 12:24
BP: 120/80, HR: 80, RR: 12

SO Note Written by USER, TEST @ 17 Jul 2006 12:24
Chief complaint
The Chief Complaint is: Med refill.
Past medical/surgical history
Diagnosis History:
Essential hypertension.
Hyperlipidemia.
Diabetes mellitus
Subjective
Pt is out of his chol medication. Last labs >1 year old.
Physical findings
Vital signs:
- Vital signs: (Reviewed).

AP Written by USER, TEST @ 17 Jul 2006 12:24
1. reason for visit: screening exam lipoid disorders
Comments: Schedule appt. with PCM and request PCM refill cholesterol medication to cover patient until visit.

Laboratory:	-LIPID PROFILE (Routine) Result: Result Status:
	-OCC LIVER (Routine) Result: Result Status:
	-HEMOGLOBIN A1C (Routine) Result: Result Status:

USER, TEST in CHCSII Test Clinic at CHCSII

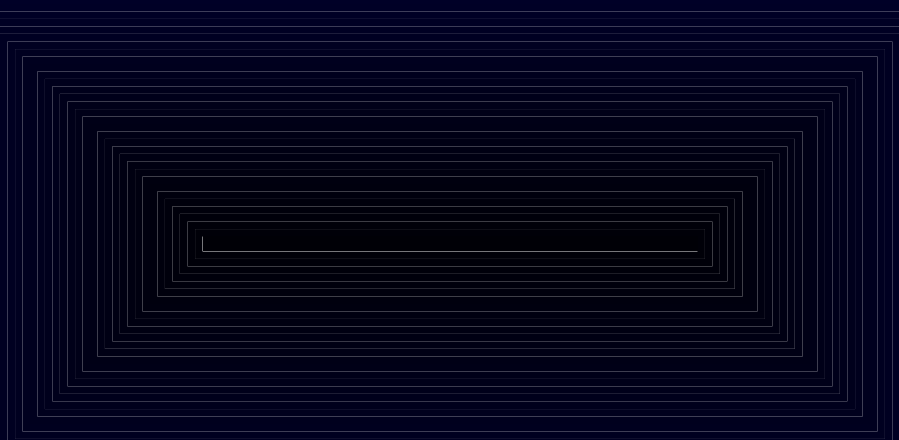
AHLTA E&M Calculator

- E&M Calculator for
  - Free Text SF600
  - Structured Term SF600

DRAFT

AHLTA

- Free Text SF600



DRAFT

Training Use Only

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Refresh | Add Note | Providers | Templates | Sign | Save As Template | Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

Folder List

- Desktop
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    - Screening
    - Vital Signs Entry
    - S/O
    - A/P
    - Disposition

Reminders

Adequate Calcium Counseling

Date: **07 Aug 2006 1617 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
Primary Provider: **USER, TEST** Type: **ACUT$** Clinic: **CHCSII ITT Clinic**
Patient Status: **Outpatient**
Reason for Appointment: Ankle Sprain

AutoCite...

AutoCites Refreshed by USER, TEST @ 07 Aug 2006 1618 EDT

Problems
- HYPERLIPIDEMIA
- DIABETES MELLITUS TYPE II
- ESSENTIAL HYPERTENSION

Allergies
- Iodine Containing Agents: Rash

Screening

Screening Written by USER, TEST @ 07 Aug 2006 1650 EDT
Reason For Appointment: Ankle Sprain
Reason(s) For Visit (Chief Complaint): ANKLE SPRAIN (New) ;

Vitals

Vitals Written by USER, TEST @ 07 Aug 2006 1650 EDT
BP: 140/80, HR: 67, RR: 16, T: 100 °F, HT: 73 in, WT: 195 lbs, BMI: 25.73, BSA: 2.129 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: Right Ankle

S/O

SO Note Written by USER, TEST @ 08 Aug 2006 0936 EDT
Chief complaint
The Chief Complaint is: Possible ankle sprain right. Patient has a severe limp
Subjective
Pt reported traums to his right ankle while playing football with his children last weekend. The pain was moderate at first, then quickly became severe. He stated he is having difficulty walking. The patient has Type I Diabetes which is currently controlled. There is a paternal history of lung cancer
Review of systems
Musculoskeletal symptoms: Ankle joint pain worse with weightbearing
Objective
Patient is demonstrating a limp favoring his right ankle. There is some swelling with 2+ edima around his left ankle.~The patient demonstrates pain when required to move his left ankle. Pt complained of some loss of sensation in his lower left leg

A/P

A/P Written by USER, TEST @ 07 Aug 2006 1649 EDT
1. ANKLE SPRAIN RIGHT

Procedure(s):	-Orthopedic Strapping Ankle x 1
Medication(s):	-TYLENOL #3(OR SUBT)--PO TAB - 1PO BID PRN #30 Gt: 30 Rf: 2
Radiology(ies):	-ANKLE, TRAUMA RT (Routine) Impression: R/O fracture

Disposition

Disposition Written by USER, TEST @ 08 Aug 2006 0932 EDT
Released w/o Limitations
30 minutes face-to-face/floor time..

AddNote

Change History

CHANGE HISTORY
The following Vitals Entry Was Overwritten by USER, TEST @ 07 Aug 2006 1652 EDT:
Vitals Written by USER, TEST @ 07 Aug 2006 1650 EDT
BP: 140/80, HR: 67, RR: 16, T: 100 °F, HT: 73 in, WT: 195 lbs, BMI: 25.73, BSA: 2.129 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: RIGHT ANKLE

Encounter 1519 SO Note was saved.

USER, TEST in CHCSII Test Clinic at CHCS

start | Inbox - Microsoft O... | Yahoo! Music - Inte... | http://radio.launch... | Data Quality | Microsoft PowerPoi... | USER, TEST: Militar... | Watermark

Training Use Only

USER, TEST: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Save Providers S/O A/P Sign Cancel Clear All Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

Folder List

- Desktop
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    - S/O
    - A/P
    - Disposition

Reminders

Adequate Calcium Counseling

Disposition

Released w/o Limitations

Encounter Context

☐ Related to Injury/Accident? ...

Billing and Admin

Billing Chief Complaint:

845.00 - ANKLE SPRAIN RIGHT ...

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

☐ PRN When ... For Tx: ...

☐ With PCM In Clinic:

Comments:

Discussed

☐ All Items Discussed

☐ Diagnosis ☐ Potential Side Effects

☐ Medication(s)/Treatment(s) ☐ Alternatives

indicated understanding Comments ...

Time Factor

☐ >50% time spent counseling or coordinating care

☐ Total face to face or floor time in minutes: 30

Calculated | Selection | Additional E&M Coding

Patient Status: Established Patient

Exam Type: General Multi-System

Reset

Setting: Outpatient

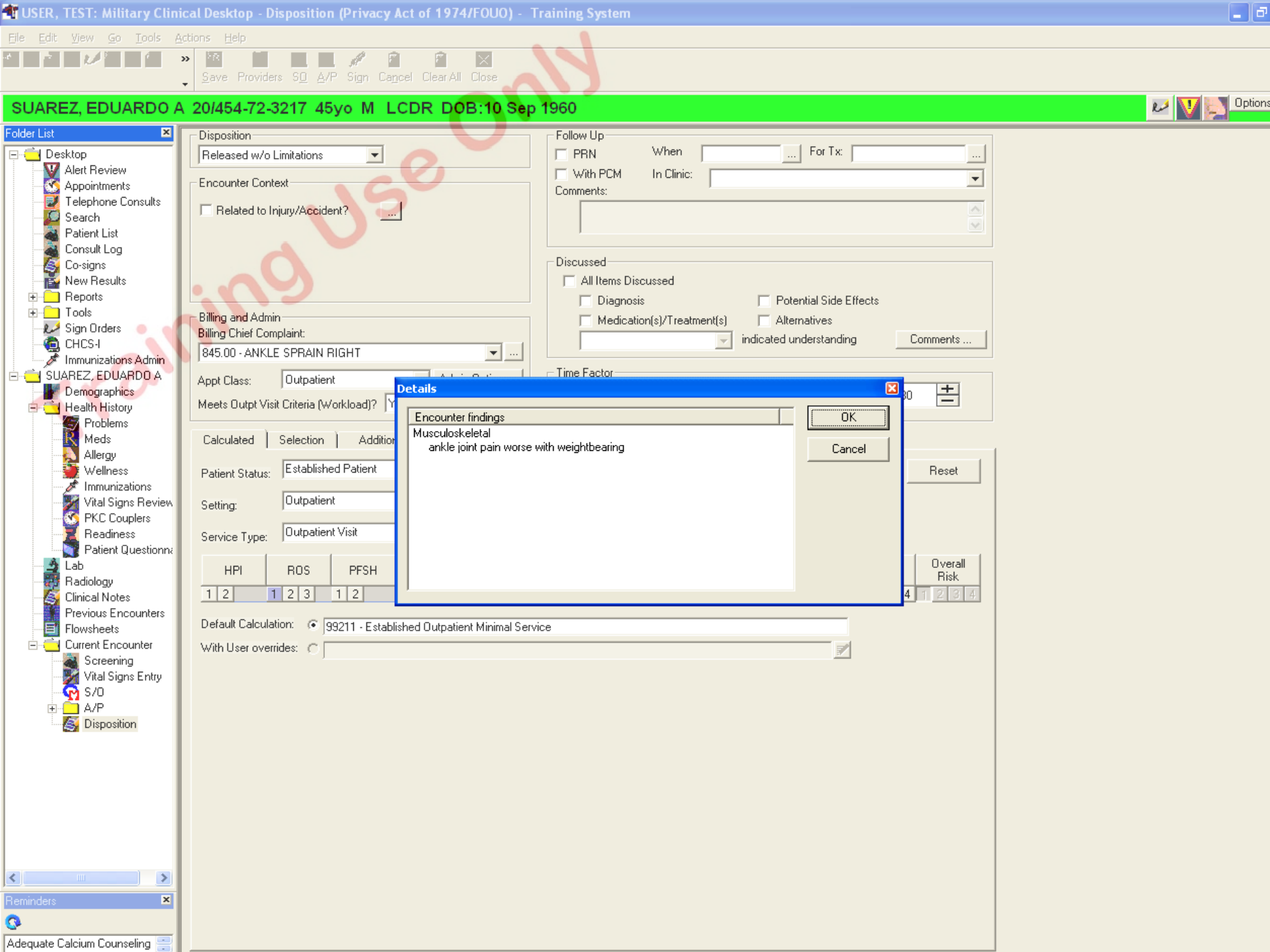
Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

USER, TEST in CHCSII Test Clinic at CHCSI


USER, TEST: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO) - Training System
File Edit View Go Tools Actions Help
Save Providers SO A/P Sign Cancel Clear All Close
SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960
Options
Folder List
Desktop
Alert Review
Appointments
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Patient List
Consult Log
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Sign Orders
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Immunizations Admin
SUAREZ, EDUARDO A
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Health History
Problems
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Allergy
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Immunizations
Vital Signs Review
PKC Couplers
Readiness
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Disposition
Reminders
Adequate Calcium Counseling
Disposition
Released w/o Limitations
Encounter Context
Related to Injury/Accident?
Billing and Admin
Billing Chief Complaint:
845.00 - ANKLE SPRAIN RIGHT
Appt Class:
Outpatient
Meets Outpt Visit Criteria (Workload)?
Follow Up
PRN
When
For Tx:
With PCM
In Clinic:
Comments:
Discussed
All Items Discussed
Diagnosis
Potential Side Effects
Medication(s)/Treatment(s)
Alternatives
indicated understanding
Comments ...
Time Factor
Calculated
Selection
Patient Status:
Established Patient
Setting:
Outpatient
Service Type:
Outpatient Visit
Reset
HPI
ROS
PFSH
Overall Risk
Default Calculation:
99211 - Established Outpatient Minimal Service
With User overrides:
Details
Encounter findings
Musculoskeletal
ankle joint pain worse with weightbearing
OK
Cancel
Training Use Only

Training Use Only

USER, TEST: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Save Providers S/O A/P Sign Cancel Clear All Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960

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    - S/O
    - A/P
    - Disposition

Reminders

Adequate Calcium Counseling

Disposition

Released w/o Limitations

Encounter Context

Related to Injury/Accident? ...

Billing and Admin

Billing Chief Complaint:

845.00 - ANKLE SPRAIN RIGHT ...

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

PRN When ... For Tx: ...

With PCM In Clinic:

Comments:

Discussed

All Items Discussed

Diagnosis Potential Side Effects

Medication(s)/Treatment(s) Alternatives

indicated understanding Comments ...

Time Factor

>50% time spent counseling or coordinating care

Total face to face or floor time in minutes: 30

Calculated | Selection | Additional E&M Coding

Patient Status: Established Patient Exam Type: General Multi-System Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

Details

Encounter findings	Complexity
sprain of the right ankle	1
orthopedic strapping of the ankle	1

OK

Cancel

ST: Military Clinical Desktop - Disposition (Privacy Act of 1974/FOUO) - Training System

ew Go Tools Actions Help

Save Providers S/O A/P Sign Cancel Clear All Close

EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960 Options

Training Use Only

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- Disposition

Disposition

Released w/o Limitations

Encounter Context

☐ Related to Injury/Accident? ...

Billing and Admin

Billing Chief Complaint:

845.00 - ANKLE SPRAIN RIGHT ...

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

☐ PRN When ... For Tx: ...

☐ With PCM In Clinic:

Comments:

Discussed

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Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
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Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

AHLTA

- Structured SF600

DRAFT

Training Use Only

ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989

Date: **04 Aug 2006 0900 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
Primary Provider: **USER, TEST** Type: **ACUT$** Clinic: **CHCSII ITT Clinic**
Patient Status: **Outpatient**

Reason for Appointment: Ankle Sprain
Appointment Comments:
late adolescence

AutoCite...

AutoCites Refreshed by USER, TEST @ 04 Aug 2006 1118 EDT

Problems		Allergies
▪ NORMAL ROUTINE HISTORY AND PHYSICAL ADOLESCENT (12 - 18)		▪ No Known Allergies

Screening

Screening Written by USER, TEST @ 04 Aug 2006 1010 EDT
Reason For Appointment: Ankle Sprain
Reason(s) For Visit (Chief Complaint): CLOSED FRACTURE OF ANKLE RIGHT (New);

Vitals

Vitals Written by USER, TEST @ 04 Aug 2006 1010 EDT
BP: 120/62, HR: 55, RR: 40, T: 38.5 °C, HT: 5' 7", WT: 136 lbs, BMI: 21.3, BSA: 1.716 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: Right Ankle
Comments: Fell while running.

S/O

SO Note Written by USER, TEST @ 04 Aug 2006 1012 EDT
Chief complaint
The Chief Complaint is: Possible ankle fracture right

History of present illness
The Patient is a 17 year old female.
▪ Right ankle soft tissue swelling with black and blue discoloration ▪ Posteromedial right ankle joint swelling

Past medical/surgical history
Reported History:
Physical trauma: Right ankle trauma with the ankle turned in.
Diagnosis History:
Open fracture of the right ankle
Therapeutic History:
Closed treatment of weight bearing distal tibial fracture

Personal history
Behavioral history: No tobacco use
Alcohol: No consumption of alcohol

Family history
Maternal history of:
Diabetic cataract

Review of systems
Systemic symptoms: Previously well and no illness since last visit. Temperature of 101 F taken at home. No chills. Night sweats.
Pain can be controlled: Pain controlled by rest, pain controlled by medication, and pain controlled by changing position.
Pulmonary symptoms: No dyspnea and no cough.
Endocrine symptoms: Excessive thirst, feeling dehydrated, and generalized muscle weakness.
Skin symptoms: No skin scaling. Erythema.
Musculoskeletal symptoms: No distal right leg soft tissue swelling. No thigh pain, swelling or stiffness and no knee pain, swelling or stiffness. Ankle joint pain worse while standing, while walking, ankle joint stiffness on the right, right foot stiffness, and foot pain in the right foot.
Neurological symptoms: Limping with the right leg.

Physical findings
Vital signs:

Vital Signs/Measurements	Value
Oral temperature	101.4 F
RR	58 breaths/min
Systolic blood pressure in the left arm	120 mm Hg

Blood pressure
▪ PR. ▪ Pulse rate while lying down. ▪ Blood pressure. ▪ Diastolic blood pressure in the left arm.

Pain Level ___(0-10):	Value
Pain level at rest	5
Pain level with movement	8

Training Use Only

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ALEXANDER, MARIE D 02/202-45-5743 17yo F FM: Col DOB:15 Jan 1989 NKA Option

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    - Disposition

Reminders

Adequate Calcium Counseling

Date: **04 Aug 2006 0900 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
Primary Provider: **USER, TEST** Type: **ACUT$** Clinic: **CHCSII ITT Clinic**
Patient Status: **Outpatient**

right foot.

Neurological symptoms: Limping with the right leg.

Physical findings

Vital signs:

Vital Signs/Measurements	Value
Oral temperature	101.4 F
RR	58 breaths/min
Systolic blood pressure in the left arm	120 mm Hg

Blood pressure

▪ PR. ▪ Pulse rate while lying down. ▪ Blood pressure. ▪ Diastolic blood pressure in the left arm.

Pain Level ___(0-10):	Value
Pain level at rest	5
Pain level with movement	8

▪ No orthostatic hypotension was observed.

Standard Measurements:

▪ Weight was recorded. ▪ Weight was within normal limits.

General appearance:

▪ Awake. ▪ Alert. ▪ Well developed. ▪ Well nourished. ▪ Well hydrated.

Head:

▪ No evidence of a head injury.

Eyes:

General/bilateral:

Pupils: ▪ Normal.
External Eye: ▪ Showed no abnormalities.
Lens: ▪ Had no cataract.
Retina: ▪ Normal.
Intraocular Pressure: ▪ Normal intraocular pressure.

Right eye:

▪ Examined.
Extraocular Movements: ▪ Right eye motility was normal.

Left eye:

▪ Examined.
Extraocular Movements: ▪ Motility was normal.

Ears:

General/bilateral:

Tympanic Membrane: ▪ Both tympanic membranes were not erythematous.

Nose:

▪ No nasal discharge seen. ▪ Nasal mucosa normal. ▪ Nasal turbinate normal. ▪ Upper Airway: normal.

Oral cavity:

Vestibule: ▪ Oral vestibule had no mucosal abnormalities.

Pharynx:

▪ Normal.

Neck:

▪ Tenderness of the posterior neck. ▪ Not warm. ▪ Not fibrous on palpation.

Lungs:

▪ No Kussmaul breathing was observed.

Cardiovascular system:

Arterial Pulses: ▪ Right posterior tibialis artery pulse was normal. ▪ Right dorsalis pedis artery pulse was normal.

Skin:

▪ Cyanosis of the hands and feet. ▪ Of the fingers blanched with cold challenge. ▪ No excoriation was seen. ▪ No ulcer was seen on the metatarsal area of the right foot. ▪ No ulcer was seen on the metatarsal area of the left foot.

Assessment Of Injury / Incision Site: ▪ Right ankle showed a contusion.

Musculoskeletal system:

Ankle:

Right ankle: ▪ Anterior swelling. ▪ Swelling on the anterolateral aspect. ▪ Ankle was warm. ▪ Posteromedial aspect was tender on palpation. ▪ Active motion was decreased. ▪ Contracture. ▪ Pain was elicited by active motion. ▪ Pain was elicited by passive motion. ▪ Pain was elicited by inversion. ▪ Pain was elicited throughout the range of motion. ▪ A squeeze test for stress fracture or syndesmosis pathology was positive. ▪ Instability. ▪ Ankle was tender on ambulation. ▪ A Thompson test for achilles tendon rupture was negative.

Foot:

Right foot: ▪ Tenderness on palpation of the fifth metatarsal.

Neurological:

Sensation: ▪ No decreased response to stimulation by vibration on both legs/feet.

Assessment

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Date: **04 Aug 2006 0900 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
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▪ No nasal discharge seen. ▪ Nasal mucosa normal. ▪ Nasal turbinate normal. ▪ Upper Airway: normal.

Oral cavity:
Vestibule: ▪ Oral vestibule had no mucosal abnormalities.

Pharynx:
▪ Normal.

Neck:
▪ Tenderness of the posterior neck. ▪ Not warm. ▪ Not fibrous on palpation.

Lungs:
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Foot:
Right foot: ▪ Tenderness on palpation of the fifth metatarsal.

Neurological:
Sensation: ▪ No decreased response to stimulation by vibration on both legs/feet.

Assessment
▪ Raynaud's disease
▪ Type I diabetes mellitus

A/P

A/P Written by USER, TEST @ 04 Aug 2006 1424 EDT

1. CLOSED FRACTURE OF ANKLE

Procedure(s):	- x 1
	- x 1
Radiology(ies):	-ANKLE, TRAUMA RT (STAT) Impression: R/O Fracture
Patient Instruction(s):	-Pain Management By Thermal Techniques

2. DIABETES MELLITUS TYPE I

Procedure(s):	-BLOOD GLUCOSE TEST/REAGENT STRIPS:HOME BLOOD GLUC MON PER 50 x 1
	-HOME BLOOD GLUCOSE MONITOR x 1
	-URINE TEST/REAGENT STRIPS/TABLETS (100 TABLETS OR STRIPS) x 1
	-Diabetes Patient Education - Blood Glucose Monitor Home x 1
Laboratory(ies):	-GLUCOSE AND PROTEIN, URINE (Routine)

3. RAYNAUD'S DISEASE

Medication(s):	-PHENYTOIN (DILANTIN)--PO 30MG CAP - 1 TAB QID Qt: 30 Rf: 3
Consult(s):	-Referred To: CONSULT (SCHEDULED) (Routine) Specialty: METABOLIC DISEASE Clinic: ENDOCRINOLOGY CLINIC Primary Diagnosis: RAYNAUD'S DISEASE
Patient Instruction(s):	-Standard Precautions Wear Gloves
	-Risk Factor Counseling: Water Temperature

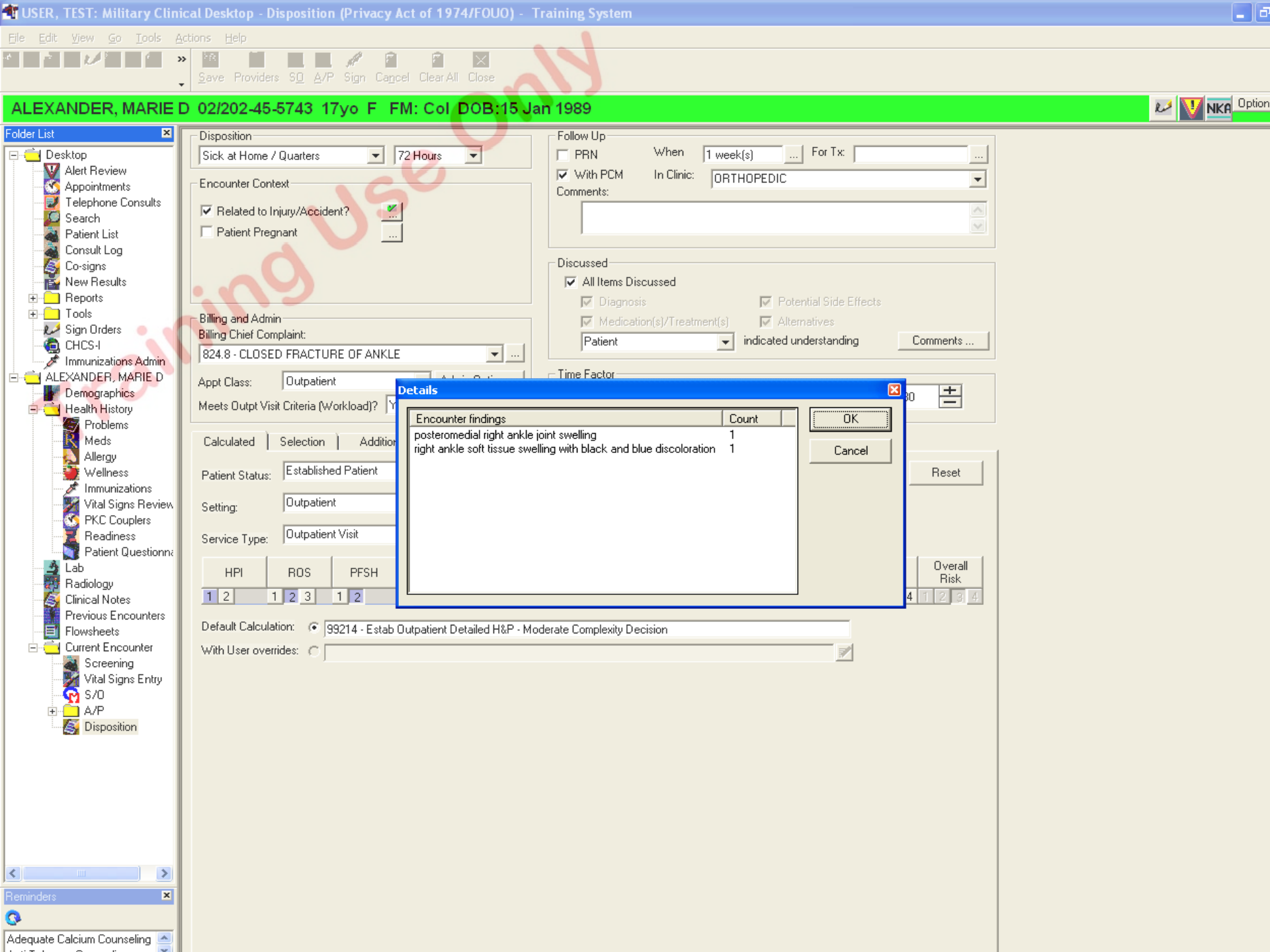
4. a fall while running

Disposition

Disposition Written by USER, TEST @ 04 Aug 2006 1625 EDT
Sick at Home / Quarters - for 72 Hours
Follow up: 1 week(s) with PCM and/or in the ORTHOPEDIC clinic or sooner if there are problems.
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.
Administrative Options: Consultation requested
30 minutes face-to-face/floor time..

AddNote

Reminders
Adequate Calcium Counseling



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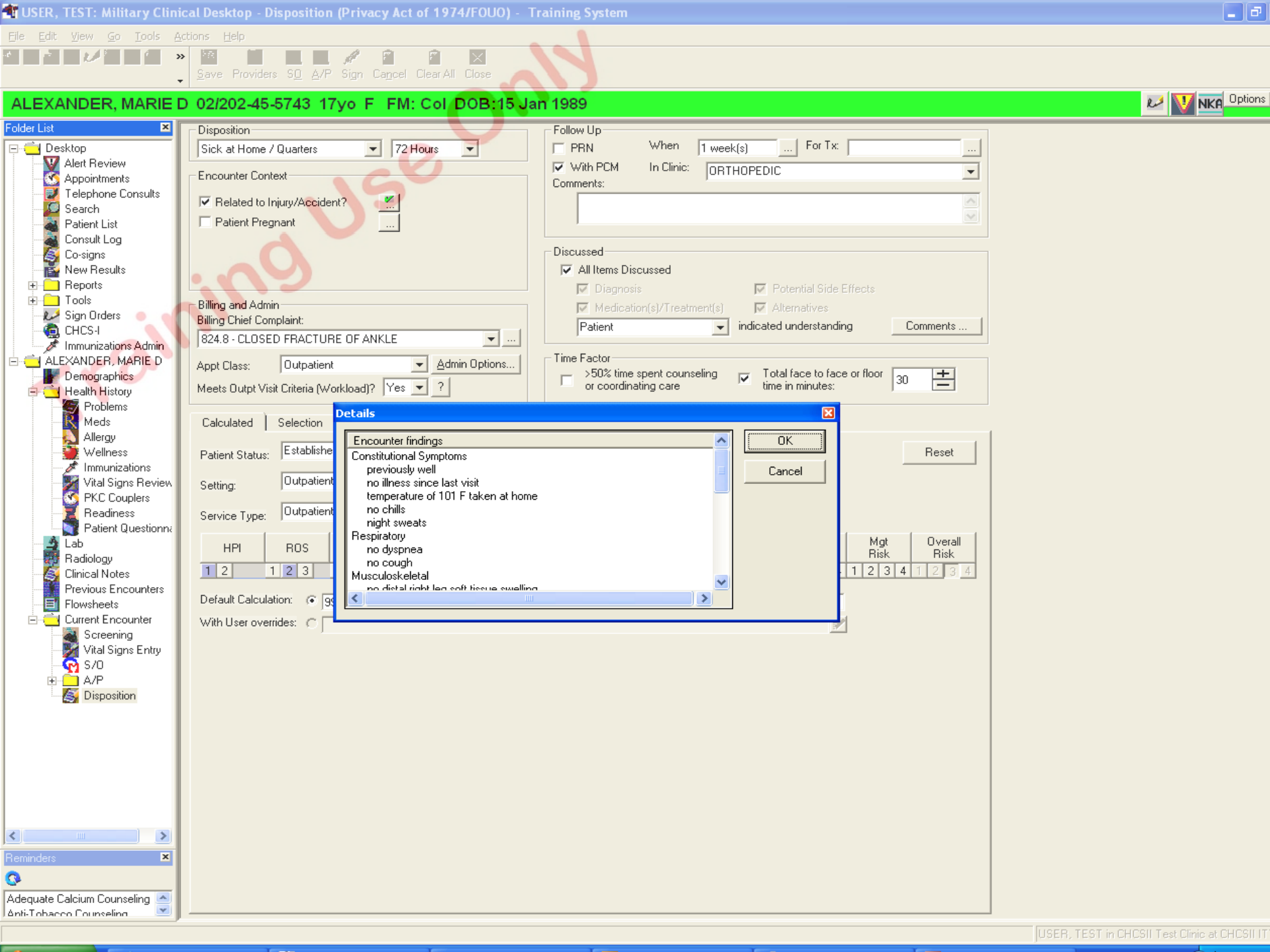

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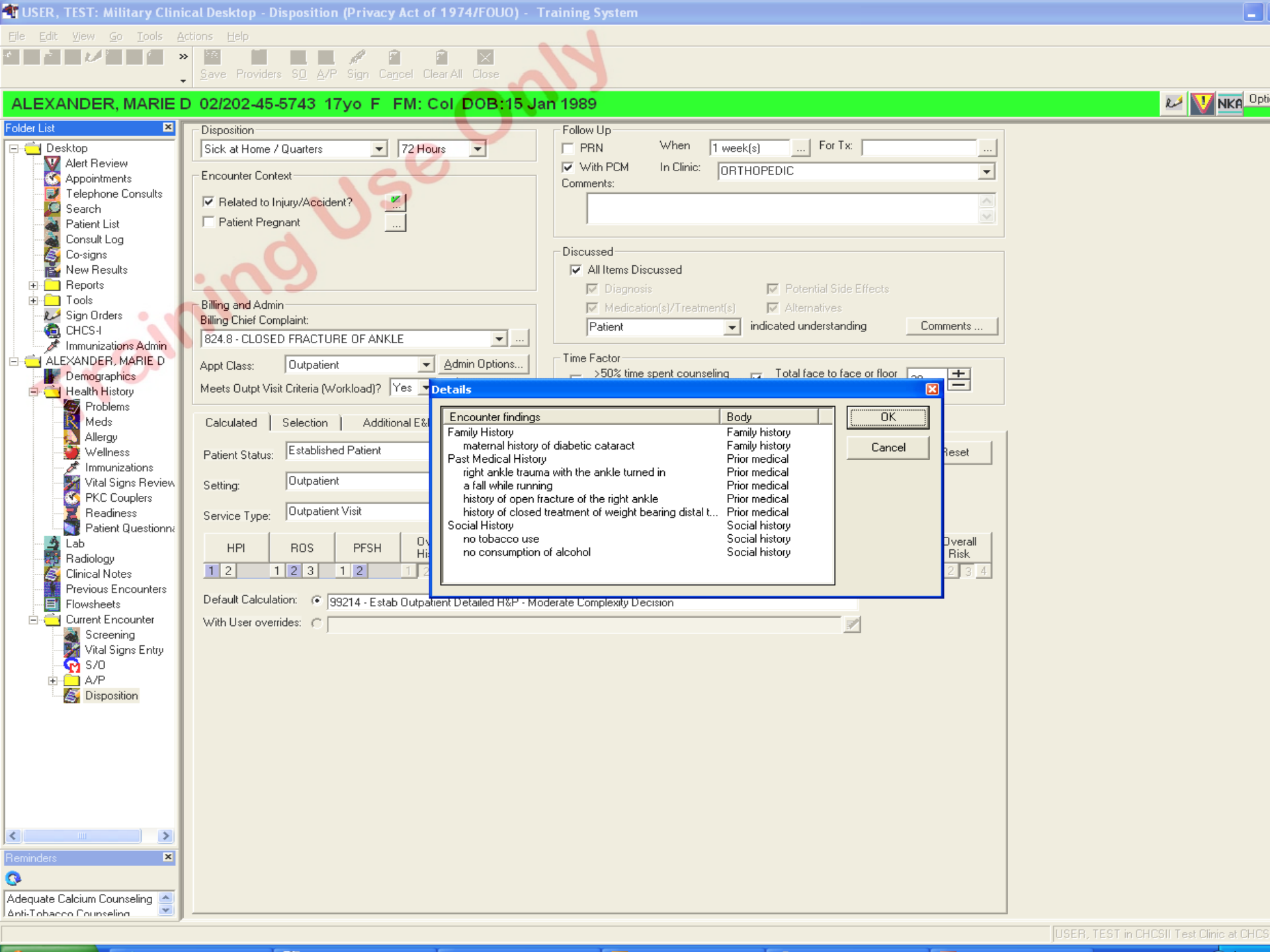
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Anti-Tobacco Counseling
Disposition
Sick at Home / Quarters
72 Hours
Encounter Context
Related to Injury/Accident?
Patient Pregnant
Billing and Admin
Billing Chief Complaint:
824.8 - CLOSED FRACTURE OF ANKLE
Appt Class: Outpatient
Admin Options...
Meets Outpt Visit Criteria (Workload)? Yes
Follow Up
PRN
When 1 week(s)
For Tx:
With PCM
In Clinic: ORTHOPEDIC
Comments:
Discussed
All Items Discussed
Diagnosis
Potential Side Effects
Medication(s)/Treatment(s)
Alternatives
Patient
indicated understanding
Comments ...
Time Factor
>50% time spent counseling
Total face to face or floor
Calculated
Selection
Additional E&
Patient Status: Established Patient
Setting: Outpatient
Service Type: Outpatient Visit
HPI
ROS
PFSH
Reset
Overall Risk
Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision
With User overrides:
Details
Encounter findings
Body
Family History
Family history
maternal history of diabetic cataract
Family history
Past Medical History
Prior medical
right ankle trauma with the ankle turned in
Prior medical
a fall while running
Prior medical
history of open fracture of the right ankle
Prior medical
history of closed treatment of weight bearing distal t...
Prior medical
Social History
Social history
no tobacco use
Social history
no consumption of alcohol
Social history
OK
Cancel
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USER, TEST in CHCSII Test Clinic at CHCS

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Edit View Go Tools Actions Help

Save Providers SO A/P Sign Cancel Clear All Close

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minders

equate Calcium Counseling

ti-Tobacco Counseling

Disposition

Sick at Home / Quarters | 72 Hours

Encounter Context

- [x] Related to Injury/Accident?
- [ ] Patient Pregnant

Follow Up

- [ ] PRN When: 1 week(s) For Tx:
- [x] With PCM In Clinic: ORTHOPEDIC

Comments:

Discussed

- [x] All Items Discussed
  - [x] Diagnosis
  - [x] Potential Side Effects

Billing and Admin

Billing Chief Complaint: 824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient | Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes | ?

Calculated | Selection | Additional E&M Coding

Patient Status: Established Patient

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Details

CMS body system	Bullets	Met
Constitutional	2::2	Yes
Ears, Nose, Mouth and Throat	4::6	No
Eyes	1::3	No
Female Genitourinary	0::6	No
Gastrointestinal (Abdomen)	0::5	No
Lymphatic	0::4	No
Musculoskeletal	4::26	No
Neck	1::2	No
Neurologic	1::3	No
Psychiatric	0::4	No
Respiratory	1::4	No
Skin	2::2	Yes

OK | Cancel

USER, TEST in CHCSII Test Clinic at CHCSII IT

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Reminders

Adequate Calcium Counseling
Anti-Tobacco Counseling

Disposition

Sick at Home / Quarters | 72 Hours

Encounter Context

- [x] Related to Injury/Accident?
- [ ] Patient Pregnant

Billing and Admin

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Appt Class: Outpatient | Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Follow Up

- [ ] PRN When 1 week(s) For Tx:
- [x] With PCM In Clinic: ORTHOPEDIC

Comments:

Discussed

- [x] All Items Discussed
  - [x] Diagnosis
  - [x] Potential Side Effects
  - [x] Medication(s)/Treatment(s)
  - [x] Alternatives

Patient indicated understanding | Comments ...

Time Factor

- [ ] >50% time spent counseling or coordinating care
- [x] Total face to face or floor time in minutes: 30

Calculated | Selection | Additional E&M Coding

Patient Status: Established Patient

Exam Type: General Multi-System

Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Details

Encounter findings	Complexity
type I diabetes mellitus	3
Raynaud's disease	2
type I diabetes mellitus	3
closed fracture of the ankle	2
Raynaud's disease	2

OK

Cancel

USER, TEST in CHCSII Test Clinic at CHCSII IT

Known Issues

- AHLTA and ADM
- AHLTA Codes
- How to Resolve

DRAFT

AHLTA and ADM…

- We've had some growing pains
  - Multiple reasons
    - Midtier file being inappropriately placed
    - End User documenting injury after the date of the encounter
    - Synchronization of AHLTA and CHCS code table updates
    - ICD-9 code assignment in AHLTA and CHCS not consistent

DRAFT

AHLTA Codes

- Issues have been identified with ICD-9, CPT and HCPC II code listings
  - Incomplete codes (missing digits)
  - Codes not in listing
  - Verbiage is incorrect
  - Deleted codes still available for selection
  - New updates not always loaded
- Evaluation and Management Codes
  - Calculator works great with structured documentation

DRAFT

How to Resolve

- **First Step**
  - Gather detailed information (screen shots, reports, identifiers to locate record for research.
- **Second Step**
  - Call local help desk to log Trouble Ticket
    - Be prepared to give additional information and / or screenshots
  - Identify if it is a Patient Safety Issue
    - Patient safety issues expedite the Trouble Ticket process.
- **Third Step**
  - Forward patient safety issue to local users and command as informational broadcast (until it can be fixed)

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Questions?